Statement

Percentage change in WPI for drugs and medicines as compared to all commodities

	% change in WPI over preceding year (Source: Ministry of Commerce & Industry)			
Year	2000-2001	2001-2002	2002-2003	2003-2004
Particulars				
Drugs & Medicines	5.85	3.48	0.71	2.55
All Commodities	7.16	3.60	3.41	5.46

World Bank Report on Maternal Mortality Rate and AIDS

532. SHRI R.P. GOENKA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have reviewed a recent study of the World Bank on social progress and outlook highlighting *inter-alia* despite increase in public health expenditure the maternal mortality has worsened, going up from 424 per 1,00,000 in 1990s to 540 per 1,00,000 in 2000 and HIV infected has risen from 3.5 million in 1990s to 4 million in 2000;

(b) if so, the reaction of Government thereto; and

(c) whether any fresh steps have been taken to upgrade the health facilities available to common citizens and strategy drawn up to effectively contain HIV virus already threatening large parts of the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) The National Family Health Survey-I (NFHS-I), 1991-92 estimated the Maternal Mortality Ratio (MMR) for India at 424 per 1,00,000 live births. The National Family Health Survey-II in 1997-98 estimated the MMR as 540 per 1,00,000 live births. The World Bank Group in their publication 'Country Strategy for India-September, 2004' have mentioned that based on the existing data, the Maternal Mortality Rate has worsened. They have, however, qualified this statement to the effect that there are problems with the data for this

indicator in some of the largest States that raise questions regarding data at the national level. The Report of National Family Health Survey-II also acknowledges that the difference in the estimates of MMR of NFHS-I and NFHS-II is not statistically significant due to various reasons such as large sampling errors etc. The Sample Registration System (SRS) of the Registrar General of India have estimated the MMR for the country as 407 per 1,00,000 live births in 1998 which is the same period when NFHS-II have estimated the MMR as 540 per 1,00,000 live births. It is thus not correct to say that the maternal mortality rate has worsened.

It is true that the estimated number of HIV infections in the country has risen from 3.5 million infections in 1998 to 5.1 million infections in 2003. Reasons for rise in HIV positive persons are low awareness of people about HIV/AIDS in the country especially rural and female partners in the highly vulnerable States; high proportion of migrant population; inadequate safe sex practices; and large number of vulnerable population. National AIDS Control Organization conducted National Baseline General Population behavioral surveillance survey in 2001. The finding revealed that 76% of the respondent have heard of HIV/AIDS and 46.8% of respondents were aware of two important methods of prevention and transmission, 11.8% of males and 2% of females reported sex with non-regular partner while 51.2% among males and 39.8% among females reported using condoms during the last sex with their non-regular sex partners.

(c) In order to prevent and control the spread of HIV/AIDS in India, Government has launched a comprehensive National AIDS Control Programme, currently under implementation throughout the country as a Centrally sponsored scheme with following components:—

- Preventive interventions for high-risk populations through targeted interventions adopting a multi-pronged strategy including peer counselling and behaviour change;
- Preventive interventions for the general population through programmes for blood safety, voluntary counselling and testing services, Prevention of Parent to Child, Transmission (PPTCT), Information Education and Communication (IEC);
- Provision of low cost care and support services by providing

community care services, treatment of opportunistic infections and prevention of occupational exposure;

- Collaborative efforts to promote inter-sectoral programme activities including workplace interventions and public private partnerships;
- Build technical and managerial capacities for programme implementation through surveillance, training, monitoring and evaluation, technical resource groups, operational research and programme management.

In order to accelerate decline of Maternal Mortality Rate, provision has been kept for upgrading Primary Health Centres for providing 24-hour delivery services, operationalising the First Referral units for providing Emergency Obstetric Care and training the health staff for providing Skilled Birth Attendance at delivery, under the Second Phase of Reproductive and Child Health Programme.

Hike in hospital charges in Government hospitals

533. SHRI TARIQ ANWAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government have increased 10% in consultation, investigation and treatment charges in Government hospitals in several cities;

(b) if so, the details thereof; and

(c) whether the poor patients are finding difficult to get the treatment in the Government hospitals?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) There has been no increase in consultation, investigation and treatment charges in Central Government Hospitals in the recent past.

Harassment to CGHS beneficiaries by the CGHS approved private hospitals

534. PROF. ALKA BALRAM KSHATRIYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state: